

# APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Title::	PROMOTION OF WOUND HEALING
Attorney Docket Number::	C07/7
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	9
Total Drawing Sheets::	10
Small Entity?::	Yes

## APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	MARK
Family Name::	PINES
City of Residence::	Rehovot
Country of Residence::	ISRAEL
Street of mailing address::	12B Pinsker Street
City of mailing address::	Rehovot
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	76308

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	ISRAEL
Family Name::	VLODAVSKY
City of Residence::	Mevasseret Zion
Country of Residence::	ISRAEL
Street of mailing address::	34 Arbel Street
City of mailing address::	Mevasseret Zion
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	90805

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	ARNON
Family Name::	NAGLER
City of Residence::	Jerusalem
Country of Residence::	ISRAEL

Street of mailing address:: 46 Sderot Herzl  
 City of mailing address:: Jerusalem  
 Country of mailing address:: ISRAEL  
 Postal or Zip Code of mailing address:: 74381

#### CORRESPONDENCE INFORMATION

Name:: D'VORAH GRAESER  
 Street of mailing address:: c/o The Polkinghorns  
 9003 Florin Way  
 City of mailing address:: Upper Marlboro  
 State or Province of mailing address:: Maryland  
 Postal or Zip Code of mailing address:: 20772

Phone number:: 301-952-1011  
 Fax Number: 301-952-9023  
 E-Mail address:: dvorah@actcom.co.il

#### REPRESENTATIVE INFORMATION

Representative Designation::	Registration Number::	Representative Name::
Primary	40,000	D'vorah GRAESER

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IL99/00441	September 9, 1999

#### ASSIGNEE INFORMATION

Assignee name:: HADASIT MEDICAL SERVICES AND DEVELOPMENT  
 COMPANY  
 Street of mailing address:: KIRYAT HADASSAH  
 City of mailing address:: JERUSALEM  
 Country of mailing address:: ISRAEL  
 Postal Code of mailing address:: 91120